



## **Lottery Application**

Only one lottery application per person will be accepted. "Person," as defined in ARM 42.12.401, means any individual, firm, partnership, limited liability company, corporation or association. Incomplete applications will be disqualified.

Se	ction 1 – Lottery Type Informatior	า					
Qu	ota Area Sanders	Tracking Number	BLA3				
Lot	tery Type		,	For DOR Office Use			
	X ALL BEVERAGES						
	ction 2 – Ownership Information						
Leg	al Applicant/Entity (not the business name)	)					· · · · · · · · · · · · · · · · · · ·
Cor	ntact			_ Email _			
Mai	ling Address	<del> </del>					·····
Ent	Address  ity Type (choose one)			Ci	ity	State	Zip
		□ LLC		Other_			
	Sole Proprietor	······································					
	Name				Social Security Nu	mber	Date of Birth
nec	Shareholder, Member or Partner Name  Address	i must be ov	er tne	e age or	19.	SSN	
	Date of Birth	Actual Nur	nber	of Share:	s and % of Owner	ship	
2	Shareholder, Member or Partner Name					SSN	
	Address						
	Date of Birth	Actual Nur	nber	of Share:	s and % of Owner	ship	
3	Shareholder, Member or Partner Name					SSN	
	Address						
	Date of Birth	Actual Nur	nber	of Share:	s and % of Owner	ship	
4	Shareholder, Member or Partner Name					SSN	
	Address						
	Date of Birth	Actual Nur	nber	of Share	s and % of Owner	ship	

## Section 3 – Corporate Statement continued.

of \$100,000.

Officers and Directors (Use additional sheet of paper if necessary.)

OIII	cers and Directors (Use additional Sheet	tor paper if fiecessary.)			
1	Officer or Director Name	SSN (optional)			
	Address				
	Date of Birth (optional)	Title			
2	Officer or Director Name		SSN (optional)		
	Address				
	Date of Birth (optional)	Title			
3	Officer or Director Name		SSN (optional)		
	Address				
	Date of Birth (optional)	Title			
4	Officer or Director Name		SSN (optional)		
	Address				
	Date of Birth (optional)	Title			
Se	ction 4 – Floater Application Requ	irements Only			
"Flo whic	ater" means an "all-alcoholic beverages lice ch it was originally issued." This type of lice nse which is issued as the result of a lottery	ense that may be transferred to a new local nse cannot be mortgaged or sold for five ye			
Has	the applicant applied for a "Floater" All-Alc	, ,	s 12 months?		
	☐ Yes ☐ No (If yes, you do not o	qualify for entry in this lottery.)			
Doe	s the applicant have ownership interest in a	an All-Alcoholic Beverages license?			
	☐ Yes ☐ No (If <i>yes,</i> you do not o	qualify for entry in this lottery.)			
or c	vocable letter of credit" means a letter of cr ancel the letter for a one year period. <b>If a le</b> ement or investment account statements de	etter of credit is not attached, the applica	ation will be disqualified. Bank		
ı	☐ Attached is an irrevocable letter of cred	it from a financial institution that guarantee:	s available credit in the amount		

## Section 5 – RESTAURANT BEER/WINE (RBW) ONLY

Helena, MT 59624-1712

A "**Preference**" must be given to an applicant who does not yet have in any quota area a RBW or retail beer license and who operates a restaurant that is in the quota area in which the license has become available and that meets the definition of a restaurant for at least 12 months immediately prior to filing an application.

"Restaurant" means a public eating place where individually priced meals are prepared and served for on-premises consumption, where at least 65% of the restaurant's annual gross income from the operation must be from the sale of food and not from the sale of alcoholic beverages. The restaurant must have a dining room, a kitchen and the number and kinds of employees necessary for the preparation, cooking and serving of meals in order to satisfy the department that the space is intended for use as a full-service restaurant and that serves a dinner evening meal at least four days a week for at least two hours a day between the hours of 5 p.m. and 11 p.m. The term does not mean a fast-food restaurant that, excluding any carry-out business, serves a majority of its food and drink in throw-away containers not reused in the same restaurant.

Has your restaurant operated prior to the lottery application		efined above) and has it operatickly on the state of the	ted at least 12	months imm	ediately
		name and physical address of	the premises I	below.)	
Business Name	Addre	ess	City	State	Zip
	•	urant" and has it operated at le dication in the quota area in wh		` .	normal
Section 6 – Declaration	າ and Affidavit				
appropriate fees within 30 dunderstand that information and supporting documents and are the successful appled to the control of the control	lays (60 days for a "float concerning ownership or I will be disqualified. icant, your subsequent alse swearing that I am	nd that I must submit a completer") of being notified that I we on this application must be conformal for example, if you complete the subject of the applicant or the duly authorided, including any accompleted.	vas the succes consistent with this application to be as an indinorized repres	ssful applica the license on as an "in ividual. entative of t	nt. I further application dividual," he entity
Signature	Date	Printed Name	Title		
Signature	Date	Printed Name	Title		
Signature	Date	Printed Name	Title		
You must submit this lottery  Montana Department of Liquor Control Division PO Box 1712	of Revenue	adline set in the publication no	tice by mailing	g to:	

Lottery Application

Questions? Call us toll free at 1-866-859-2254 (in Helena, 444-6900), or fax 406-444-0722.